PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 Of 904459													
CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
-	STAL OF AUTO		(Column	1)	(Column 2)			TYPE		OR			
TOTAL CLAIMS			32				RA	TE	FEE]	PATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	355.00	OR	rasic fee	710.00	
TC	TAL CHARGEA	BLE CLAIMS	3 Amir	vus 20≈	. 19		X\$	9⇒		OR	X\$18=	246	
IN	DEPENDENT CI	LAIMS	l mi	nus 3 =	3	3		0=		OR	X80=	240	
MULTIPLE DEPENDENT CLAIM PRESENT							+13)5=		OR	+270=	10	
* If the difference in column 1 is less than zero, enter "0" in column 2							TO	TAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN	
	유년(상 (Calumn 1) (Calumn 2) (Column 3)							SMALL ENTITY OR SMALL ENTIT					
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RA	ΤE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 19	Minus	 3	2	- Ø	X\$	9=		OR	X\$18≂		
	Independent	• 4	Minus	***	CLAIN	-0	X4)=		OR	X80=		
BEST AVAILABLE C.								5=		OR	+270≈	·	
DESI AVAILABLE CO.								TAL FEE		OR	YOTAL ADDIT. FEE		
	9/09 (Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 19	Minus	••	72	• ~	X\$	8 =		OR	X\$18=		
F	Independent	4	Minus.	***	6	-	X40)=		OR	X80=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							5=		OR	+270=	-	
)TAL		OR	TOTAL		
(Column 1) (Column 2) (Column 3)								FEE			ADDIT. FEE		
Γ.		(Column 1) CLAIMS		HOGH	EST	(Column 3)		_	ADDI-			ADDI-	
- AMENDMENT C		REMAINING AFTER AMENOMENT		PREVIO PAID	OUSLY	PRESENT	FAT	E	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	•#		-	X\$	=	·	OR	X\$18=	ï	
	indep ndent	•	Minus	•••		•	X40				X80 ∈		
Ľ	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		+13	-		OA	~		
	9 (Chi.) The County of Indian them the particle and made 400 in and one 6									OR	+270=		
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" INTHIS SPACE is less than 20, enter "20." ADDIT, FEE OR ADDIT, FEE OR "10" TOTAL ADDIT, FEE OR													
	The "Highest Num	iber Previously Pal	d For" (Total or	'independe	ert) is the	highest number f	ound in th	e abt	ocoburge pox	IN CO	UTBO T.		

Application or Docket Number